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Gender Differences in Perception of Body, Expressions of Body Image and Body Image Coping Strategies among Turkish Adolescents

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Abstract

The importance of body change during the adolescence has been well documented within the literature. In this study, gender differences were investigated in the use of adolescents' perceptions of all body images, body parts and functions, and strategies of coping with body image. Data were collected from 710 first-year students from different high school types with an age range of 14-15. The results indicated that body image of female adolescents showed a significant difference in negative direction compared to male adolescents. Males showed a significant positive difference compared to girl adolescents. Results also demonstrated that male adolescents showed significant positive difference in the use of the avoidance strategy compared to female adolescents. Regarding body image coping strategies, there was a significant positive difference in the use of the avoidance strategy in favor of males. The results with implications for future research and practice are addressed.

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Keywords: Adolescent; gender; body image; body image coping strategies

1. Introduction

The body image, as “a person’s perceptions, thoughts and feelings about own body”, becomes one of the central focuses of adolescents (Grogan, 2008, p.1). The perceptive dimension refers to the mental representation of the physical body. Thoughts and feelings contribute to the attitude dimension. Body image is a significant issue in lifetime, particularly in adolescence. The human body changes and matures during puberty. How these changes are perceived by the adolescent has a critical influence on individual's body satisfaction and development of body image (Gupta, 2013; Levine & Smolak, 2002). Body image perception of adolescent is also an important part of her /his

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self-worth and sexual identity. Cash (2008) indicated that one third of people's self-esteem is related to their positive or negative body image perceptions. As adolescents experience significant physical changes in their bodies during puberty, they become increasingly concerned with their body shape and parts. For example, one of the most common problems is arising the acne on the face during the youth years. Acne can have a profound effect on body image and social cohesion. Cash (1995) reported that 74% of young adults with severe facial acne had negative effects on body images of facial aches. In addition, these facial acnes showed that 43% of young people had negative influence on their social lives.

Adolescents tend to worry more about some parts of their bodies. This situation differs according to gender. Males tend to be more concerned with their chest, shoulders and arms (Pope, 2000), while females are more concerned with their hips, thighs and legs (Vander & Thelen, 2000). While males prefer a stronger and more muscular body shape, females show a preference for a slim body shape. These results are also consistent with the findings of several other studies and cultures (Ricciardelli & McCabe, 2004; Epel, Spanakos, Kasl, Godley, Brownell, 1996). The ideal body image can vary from person to person. For example, females' ideal body image is to be thin with slim lower body parts while the males' ideal is to gain weight to achieve a V-shaped body and additional muscles (McCabe & Ricciardelli, 2003; Furnham, Badmin, & Sneade, 2002). There is an increasing pressure during adolescence for males and females to desire a body shape that conforms to the "ideal" (i.e. a thin shape for women and a lean, muscular shape for men) (McCabe & Ricciardelli, 2003). These perceived ideal body shapes are reinforced by the mass media and popular culture. Like women, sexual objectification of male bodies in mainstream advertising increased (Rohlinger, 2002).

The feedback from the others (parents, peers, etc.) plays a crucial role in the body perceptions of adolescents. When feedback about physical change from others is negative, the teenager might be anxious about these changes (Gilbert & Thompson, 2002). The timing of physical changes has different effects for girls and boys; while young girls who enter adolescence earlier have more academic and emotional problems than their peers, early adolescence provides a social benefit for boys (Coly, 2009).

When we look at the level of being affected by negative body image in adolescents, it is seen that it differs according to gender. Female adolescents are experiencing more body dissatisfaction than male adolescents. Approximately 70% of female adolescents and 45% of male adolescents are dissatisfied with their weight and shape (Smolak, 2012). Female adolescents want to lose weight despite being in normal weight (McCabe & Ricciardelli, 2003). Girls' ideal of thinness becomes evident even in preadolescence with some studies showing that around 50% of girls aged 9 to 12 years old would like to have a thinner body (Sands & Wardle, 2003). As Knauss, Paxton, and Alsaker (2007) proposed,

internalization of body ideals is perpetuated by the media that might be a strong influence on body dissatisfaction, especially among females.

Adolescents use a range of reactions and coping strategies to manage feelings and thoughts toward negative body image. These may include well-known behaviors and strategies to adapt perceived environmental events and judging perceived environmental events. These strategies are adapted behaviors, avoidance and hiding body, rituals of correction or control of appearance, searching social approval and remedial strategies. In relation to differing perceptions of the ideal body shape, females and males tend to pursue opposite strategies in shaping their physical looks. While females who are not satisfied with their body are more likely to adopt strategies in order to lose weight, male adolescents are more likely to pursue strategies to increase their body weight and muscle mass (McCabe, Ricciardelli & Banfield, 2001; Vander Wal & Thelen, 2000).

Negative body image also causes adolescents to make fashion diets despite their negative health outcomes (Johnson, Grieve, Adams & Sandy, 1999). Studies have shown that negative pubertal perception during puberty is associated with some unhealthy outcomes that are worth considering such as dietary initiation and eating disorders behaviors (Neumark-Sztainer, Paxton, Hannan, Haines & Story, 2006). Higher levels of body dissatisfaction were also associated with risk factors such as depression (Stice, Hayward, Cameron, Killen & Taylor, 2000), smoking (Neumark-Sztainer et al., 2006) and insecure sexual experience (Schooler, 2013).

Research has shown that adolescents with high body dissatisfaction avoid social participation (Caccavale, Farhat & Iannotti, 2012; Gerner & Wilson, 2005; Stice & Whitenton 2002; Graham, Eich, Kephart & Peterson, 2000). Dissatisfaction with weight and shape may conduct to unhealthy exercise (Holland, Brown, & Keel, 2013) and substance use such as laxatives, diuretics or diet pills. Rudd and Lennon (2000) showed that teenagers who practice these behaviors are aware of their unhealthiness but they ignore this risk in order to comply with social norms of beauty. Also, they hold the belief that the body is under individual control, therefore they experience guilt if they fail to follow their routine in managing appearance (Rudd et al., 2000).

Despite a very large literature on the process to deal with personal problems, there is very little research on the subject of coping with body image. Cash, Santos and Williams (2005) developed the Body Image Coping Strategies Inventory that defines three coping strategies including avoidance, appearance-fixing, and positive rational acceptance for perceived body image threats and problems. Avoidance includes the tendency to avoid default threatening emotions, thoughts and situations. Appearance-fixing consists of efforts to correct and change a property of the individual's appearance perceived as imperfect. Positive rational acceptance includes acceptance of the individual's experiences, logical inner talk, mental and behavioral activities that emphasize positive self-interest (Cash et al. 2005). They found that when it is compared to men, women used

all coping strategies more, especially appearance-fixing strategies. The use of negative body image and unhealthy coping strategies is a significant risk factor for the development of significant mental and health problems such as low self-esteem, depression, eating disorders (Yanover & Thompson, 2008; Levine & Smolak, 2002).

The main purpose of this study was to investigate gender differences in the use of adolescents' perceptions of all body images, body parts and functions, and strategies of coping with body image. This involved four basic research questions:

1. Does the body image differs significantly by gender in adolescence?
2. Does perception of certain body parts differs from gender in adolescence?
3. Is there any difference in the use of the strategies of coping with body image problems in adolescence according to gender?
4. Is there a meaningful relationship between the use of body image and body image strategies in adolescence?

2. Method

2.1. Participants and Procedure

The research was designed in a scanning model to determine the differentiating situations of body image, body image expressions and body image coping strategies by gender. The Body Image Scale and Body Image Scaling Strategies scales from the data collection tools were applied to 710 students with an age range of 14-15 in the 9th grade of high school in the Beypazari district of Ankara province.

Before data collection, approval from Beypazari Provincial Directorate for National Education was obtained and all ethical research practices were followed. Additional data collection permission was sought from schools' principals. In the beginning of the survey, students were asked to participate in the study and an explanation about the study was provided before distribution the surveys. Data were collected anonymously and only from volunteer participants.

The study initially intended to include a sample of high school students. 710 students participated in the study. Of those who responded, 47.5% were girls and 52.5% were boys. Out of the total amount of respondents, 18.3% were from Anatolian High School, 18.5% were from Imam Hatip High School, 15.6% were from Social Sciences High School, 13.5% were from Health Vocational High School, 20.3% were from Industrial Vocational High School, 7.9% were from Vocational High School, and 5.9% were from Girls Vocational Technical High School students. Most of the students live with their families (84.2%) and 15.8% of them live in the dormitory.

Table 1. *Demographic Characteristics of the Study Sample (N=710)*

Demographic	Demografic Groups	N	%
Gender	Female	337	47.5
	Male	373	52.5
School Type	Anatolian High School,	130	18.3
	Imam Hatip High School	131	18.5
	Social Sciences High School	111	15.6
	Health Vocational High School	96	13.5
	Industrial Vocational High School	144	20.3
	Vocational High School	56	7.9
	Girls Vocational Technical High School	42	5.9
Living Place	Living with family	598	84.2
	Living in a dormitory	112	15.8

2.2. Instruments

Demographic form. The demographics questionnaire was created by researchers. The questionnaire included school type, living place, age, and gender.

Body Cathexis Scale. Body Cathexis Scale, developed by Secord and Jourard (1953), is an instrument to measure individuals' degree of satisfaction from their body parts and functions. The study of validity of the scale in our country was carried out by Hovardaoğlu (1993). The validity on Turkish adolescents was made by Akliman (2015) on 38 articles. This form of the scale, which is used in our country, is a measurement tool composed of 38 items and answered with a rating of 5 (5 = Very Liked, 4 = Very Favorable, 3 = Undecided, 2 = Not very satisfied, 1 = Not at all). The most positive expression is 5 points and the most negative one is 1 point. Accordingly, the lowest possible total score is 38 and the highest total score is 190. The increase in total score from the scale indicates the satisfaction or increasing of one's body parts or function and the decrease of score indicates less satisfaction.

Body Image Coping Strategies Scale (BICSS). The "Body Image Coping Strategies Scale" was used to determine the strategies to cope with the negative emotions of the students about their body images. The scale was developed by Cash, Santos and Williams (2005) to measure the coping strategies of individuals regarding their body image threats and negativity. The adaptation of the Body Image Coping Strategies Scale (BICSS) to Turkish was done by Doğan, Sapmaz and Totan (2011). BICSS is a 29-item self-report style measurement tool. The scale consists of three subscales: appearance correction, positive logical acceptance and avoidance. Responses given to reporters are in the range of "I do not agree (1)" and "I totally agree (4)". 1-10 items of scale consist of "Appearance-fixing", 11-21 items are "Positive rational acceptance", 22-29 items are "Avoidance". In this study, the reliability of scale was found to be high as Cronbach's Alpha = 0,913.

2.3. Analysis of Data

The data obtained in the study were analyzed using SPSS (Statistical Package for Social Sciences) for Windows 22.0 program. To compare quantitative continuous data

between two independent groups, the T-test was used. Pearson correlation analysis was applied among the continuous variables of the study. The findings were evaluated at the 95% confidence interval and at the 5% significance level.

3. Results

3.1. Averages of Body Image and Body Image Strategies by Gender

The difference between the group averages as a result of the t-test was not statistically significant in order to determine whether the students who participated in the research had a significant difference in the average of the total body image coping strategies, appearance-fixing and positive rational acceptance scores compared to the gender variable ($p > 0,05$). Male body image perception scores ($x = 159,097$) were found higher than female body image scores ($x = 144,125$) ($t = -8.460$, $p = 0.000 < 0,05$). Male avoidance scores ($x = 17,107$) were also higher than female avoidance scores ($x = 16,021$) ($t = -2.622$, $p = 0.008 < 0,05$). Differences in body image and body image coping strategies according to gender are given below in Table 2 and Figure 1.

Table 2. *Averages of Body Image and Body Image Strategies by Gender*

Groups	Adolescent Females (n=337)		Adolescent Males (n=373)		t	p
	Mean	SD	Mean	SD		
Body Image	144.125	24.771	159.097	22.388	-8.460	0.000
Total Body Image Coping Strategies	70.754	11.927	72.799	17.626	-1.791	0.068
Appearance –Fixing	25.448	6.306	26.072	7.291	-1.214	0.222
Positive Rational Acceptance	29.285	6.271	29.619	7.429	-0.645	0.516
Avoidance	16.021	4.593	17.107	6.229	-2.622	0.008

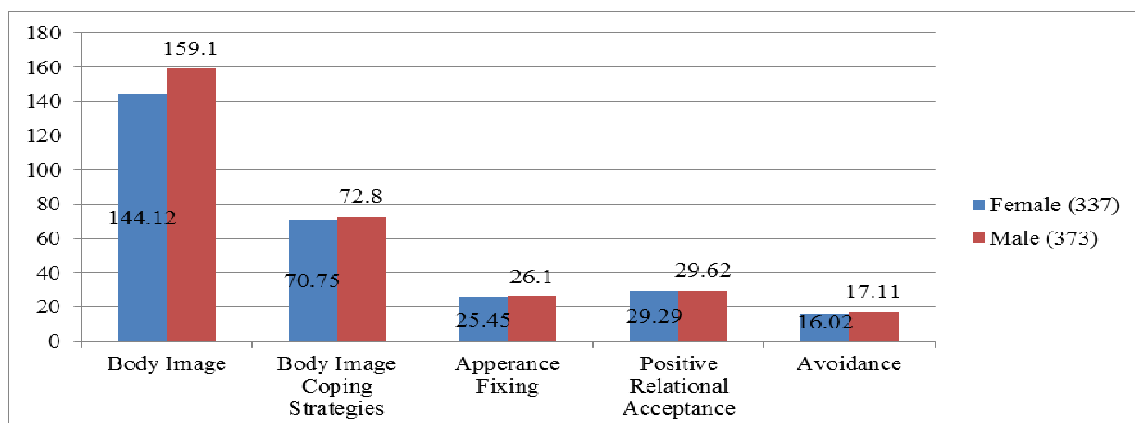


Figure 1. *Diagram of Body Perception and Body Image Coping Strategies*

Body image expressions between gender categories are reported in Table 3. Independent samples t-test was used to test the differences in body image expressions between gender categories. Results revealed that there was no statistically significant difference in expression of hair, face, hand, and ear scores across gender categories ($p>0.05$). However, the average scores of male adolescents' appetite, body hair distribution, nose, physical strength, urine-feces layout, muscle strength, waist, energy level, back, age, chin, body structure, profile, neck sensation sharpness, pain resistance, shoulder, arm, chest, eye shape, digestive system, hip, disease resistance, legs, tooth shape, attractiveness, feet, voice, health, knee, body shape, face shape were significantly higher than the average scores of female adolescents ($p<0.05$).

Table 3. *Averages of Body Image Expressions by Gender*

Groups	Adolescent Females (n=337)		Adolescent Males (n=373)		t	p
	Mean	SD	Mean	SD		
My Hair	4.012	1.118	4.032	1.036	-0.251	0.803
My Face Color	4.107	1.030	4.180	0.940	-0.985	0.325
My Appetite	3.579	1.284	3.858	1.215	-2.976	0.003
My Hands	4.033	1.081	4.121	1.013	-1.120	0.263
Hair Distribution on My Body	3.119	1.338	3.552	1.277	-4.418	0.000
My Nose	3.718	1.186	4.005	1.078	-3.382	0.001
My Physical Power	3.849	1.096	4.164	0.977	-4.048	0.000
My Urine-Stool Layout	3.552	1.076	3.997	1.025	-5.645	0.000
My Muscle Strength	3.620	1.187	4.148	0.977	-6.486	0.000
My Waist	3.739	1.283	4.212	0.939	-5.640	0.000
My Energy Layout	4.039	1.097	4.386	0.868	-4.701	0.000
My Back	4.018	1.091	4.316	0.920	-3.954	0.000
My Ears	4.205	0.974	4.311	0.849	-1.553	0.121
My Age	4.306	0.960	4.456	0.853	-2.207	0.029
My Jaw	4.184	1.019	4.405	0.864	-3.124	0.002
My Body Building	3.789	1.282	4.279	0.966	-5.780	0.000
My Profile	3.834	1.211	4.351	0.884	-6.543	0.000
My Height	3.662	1.349	4.260	1.013	-6.722	0.000

Sharpness of My Senses	3.911	1.174	4.276	0.943	-4.588	0.000
My Resistance to Pain	3.525	1.389	4.252	0.956	-8.185	0.000
The Width Of My Shoulders	3.973	1.111	4.298	0.892	-4.307	0.000
My Arms	4.048	1.074	4.381	0.849	-4.609	0.000
My Boobs	3.893	1.024	4.059	1.043	-2.134	0.033
Shape of My Eyes	4.243	1.003	4.416	0.862	-2.459	0.015
My Digestive System	3.840	1.136	4.271	0.906	-5.613	0.000
My Hips	3.460	1.288	3.954	1.053	-5.621	0.000
My Resistance to Disease	3.537	1.382	4.225	1.009	-7.625	0.000
My Legs	3.647	1.366	4.220	0.978	-6.470	0.000
Shape of My Teeth	3.528	1.358	4.099	1.077	-6.235	0.000
My Attractiveness	3.513	1.249	4.038	1.057	-6.054	0.000
My Feet	3.721	1.249	4.169	1.035	-5.221	0.000
My Sleep Pattern	3.505	1.370	3.973	1.231	-4.803	0.000
My Voice	3.644	1.302	4.215	0.985	-6.624	0.000
My Health	4.009	1.127	4.424	0.854	-5.557	0.000
My Knees	3.902	1.180	4.397	0.841	-6.478	0.000
The Posture Of My Body	3.804	1.216	4.290	0.957	-5.937	0.000
Shape of My Face	3.819	1.263	4.249	0.933	-5.196	0.000
My Weight	3.240	1.467	3.861	1.290	-5.994	0.000

Note. Values are significantly different from zero are in bold ($p < 0.05$).

Correlation analyses were conducted to examine the relationship between body image, total body image coping strategies, appearance fixing, positive rational acceptance, and avoidance. Table 4 summarizes the analysis results. As can be seen there is a weak correlation in the positive direction between body image and total body image coping strategies ($r = 0.083$; $p = 0.027$). However, total body image coping strategies were found significantly and positively correlated with appearance–fixing ($r = 0.822$; $p = 0.000$). Also, there is a significant high positive correlation between total body image coping strategies and positive rational acceptance ($r = 0.815$; $p = 0.000$). In addition, positive rational acceptance was found positively and significantly correlated with appearance-fixing ($r = 0.496$, $p = 0.000$). Results also indicated that there is a significant and high positive correlation between avoidance and total body image coping strategies ($r=0.717$; $p=0.000$).

Table 4. *Correlation between Body Perception and Body Image Coping Strategies*

	Average	Standard Deviation	Body Image	Total Body Image Coping Strategies	Appearance Fixing	Positive Rational Acceptance	Avoidance
Body Image	151.990	24.693	1.000				
Total Body Image Coping Strategies	71.828	15.214	0.083*	1.000			
Appearance Fixing	25.776	6.843	0.003	0.822**	1.000		
Positive Rational Acceptance	29.461	6.901	0.204**	0.815**	0.496**	1.000	
Avoidance	16.592	5.536	-0.030	0.717**	0.403**	0.379**	1.000

4. Discussion

In this study, adolescent females' negative body image was found to be significant as compared to male adolescents. This finding supports previous research findings (Smolak, 2012; Davison & McCabe, 2006; Cash et al., 2004). Possible reasons for this may be perception of external beauty in today's culture, globalization, and the media that has more focus on women. However, when the averages of the female and male body images are compared, the difference is ambiguous that there are also risk factors for male adolescents. In spite of the increased interest in the body concept among women, the literature documented that the body dissatisfaction is also increasing in men (Cafri et. al., 2005; Grogan & Richards, 2002; Cohane & Pope, 2001). Unlike women, men's body image appears to be linked to their aspirations for increased muscle mass (Morrison, Morrison, Hopkins, & Rowan, 2004).

Body image expressions is one of the most studied variables in the literature. Existing research indicated that men differ from women regarding the importance of body parts (Andersen, Cohn, & Holbrook, 2010; Carf & Thompson, 2004; Vartainion, Giant, & Passiono, 2001). The current study revealed that not only the adolescents' body image total scores but also the body image expressions were different according to gender. Specifically, while males want to gain muscle from the waist-up (e.g., arms, chest), females reported concentrating on losing fat from the waist-down (e.g. hips, thighs and buttocks). Moreover, Tylka, Bergeron, & Schwartz, (2005) found that men differ qualitatively from women in their perceptions overall ideal body image shape and the specific body areas of concern. Ridgeway and Tylka (2005) revealed that college men desire large, defined and strong arms, a board chest and shoulder, a large defined back, and large upper legs and calves. They found that men want reduce body fat in the abdominal area. In this study, male adolescents had a more positive perception than

female adolescents in the perception of most body parts, but there was no significant difference in the perception of body parts such as hair, face color, hands, ear. The reason may be that there is no significant emphasis in media on the body parts of the ideal male and female body image in Turkey. When girls 'and boys' body image expressions are evaluated within themselves, the emphasis of ideal image is clearer. While girls' lowest score points in body image perception are hair distribution in the body, weight and hips, this is ranked as hair distribution in the body, appetite and weight in men.

Recently, one of the common features of the media in the image of the ideal female and male body is hairless and smooth skin. In the expressions of dissatisfaction, hair growth in the body, which is one of the most significant manifestations of the adolescent that is in the front row for both genders, is important for both genders. In adolescence, lower average of the hip, the expansion of the hips may affect the perception of the ideal female body image. The results of the current study showed that weight was also found as dissatisfaction for both genders. Being overweight is one of the most common stressors for both genders in adolescence but there is still differences. The explicit distinction for men is to be not appreciated being weak that they desire to have a well-built body (Tylka et al., 2005). The results of the present study are further reinforced by Andersen and colleagues (2010) who suggested that while men want to gain muscle in different areas, women want to lose fat in different body parts. From cultural perspective, this is an obvious fact in Turkish culture that men are expected to be caring, superior, and dominant, therefore, it is better to consider effects of gender differences on body perception in different cultures.

Another important finding of the study is that there is a meaningful positive correlation between body image and positive coping strategies. Adolescents use a range of reactions and coping strategies to manage feelings and thoughts toward negative body image. These may include well-known behaviors and strategies to adapt perceived environmental events and judging perceived environmental events. These strategies are adapted behaviors, avoidance and hiding body, rituals of correction or control of appearance, searching social approval and remedial strategies (Vander et. al., 2000). This result is also supported by another study conducted by Cash and colleagues (2003) on coping with body-image threats and challenges. Another important and surprising finding of this research is the use of body image coping strategies of male adolescents and female adolescents. According to the results of the study, while there is no significant difference in the use of body orientation and positive logical acceptance strategies between girls and boys, avoidance strategy has been used by boys more than girls. In contrast, previous research findings indicated that girls use strategies to focus on their body more than boys (Cash et al., 2005). One possible explanation for this finding may be that the latest research on men's body image has shown that there is a clear increase in the attitudes towards men's ideal body image, and a visible increase in coping behaviors,

which is among the strategies to focus on appearances such as excessive exercise, food abuse to achieve this image (Cafri et. al., 2005).

There is an association between concerns about muscularity and the use of muscle-building techniques (Ricciardelli & McCabe, 2003; Smolak et al., 2001). Anabolic steroid and food supplement abuse are among the techniques that boys use to gain muscle (Smolak, 2004). Males are more likely to use these techniques than females are (Smolak, 2004). Steroid abuse may be at least as common among adolescent boys as anorexia nervosa is among adolescent girls (McCabe & Ricciardelli, 2004). In addition, previous research findings were mostly conducted in early adulthood and middle age. The use of strategy of focusing on the body in both genders and the lack of meaningful differences may be due to the fact that adolescence is already a developmental period in which body focus is already high. Possible reasons for avoidance behavior in male teenagers compared to female teenagers may be that male teenagers perform social comparison less often than female teenagers and try to cope with body image problems by ignoring them more than girls do. An explanation of these results for the Turkish adolescents might be the fact that in masculine Turkish culture men are expected to be tough, assertive, emotionally stable, and invulnerable while apprehension and sentimentalism are associated with women.

This study is limited to high school students with an age range of 14-15. Research can be done with early and late adolescent groups. Validity is another limitation in this research design that the standardized survey questions might be interpreted differently in this Turkish adolescent sample. There might be errors in instruments for specific populations. Thus, culture specific, validated and reliable surveys might be developed to eliminate this limitation. Research was applied to only Turkish adolescent students.

This study has shown how adolescents differ from their body images as well as their satisfaction with certain body parts and functions regarding to gender. Body image distinctions between male and female adolescents are specified in the discontented body areas, ideal weight and body shape perceptions, and coping strategies.

5. Conclusions

This study showed that female and male adolescents differ from each other in terms of their use of body image, some body parts perceptions, and strategies to cope with body image. In order to determine whether the results were influenced by cultural differences and whether this was a characteristic of this age group, it can be applied to different age groups and the results can be compared. Also, for a better understanding of gender differences in body image, separate measurement tools can be developed specifically for the use of the adolescent females' and males' body image and body image coping strategies. The present results demonstrated the necessity to consider gender differences in the prevention and intervention process of body image problems.

The most negative body image for both genders in the study was found as hair distribution in the body. Further research can be done on this topic in the future and the studies to be done can also investigate how adolescents are influenced by this question and how they try to cope. Regarding to results of this study, there are no meaningful relationships between focus on appearance and avoidance strategies female and male adolescents' body image. However, it is necessary to investigate different dimensions in order to cope with body image problems in adolescence. Research in these areas from the cross-cultural perspective is crucial to gain insights into body image of adolescents. Lastly, body image interventions would be helpful to contribute adolescents' wellness in psychological, physical, social, emotional and intellectual development.

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